

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-16-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 97799CP rendered from 7-29-02 through 10-10-02 in the amount of \$1560.00 per day.

II. FINDINGS

The respondent denied reimbursement based upon “F – Fee Guideline MAR reduction; and C – Negotiated Contracted Price.”

On 3-18-04, the Medical Review Division contacted the requestor’s representative, Judy French, and verified that a contract did not exist between the requestor and respondent; therefore, the insurance carrier incorrectly utilized EOB denial “C.”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7-29-02 7-30-02 8-1-02 8-6-02 8-7-02 8-8-02 8-19-02 8-20-02 8-21-02 8-22-02 8-26-02 8-28-02 8-29-02 8-30-02 9-3-02 9-18-02 9-19-02 9-20-02 10-8-02 10-10-02	97799CP (8 hrs)	\$1560.00	\$736.00 /day	F	DOP	Section 413.011(b) Medicine GR (II)(G)	Redacted EOBs support requestor’s position that amount billed complied with statute. Documentation supports billed service, additional reimbursement of 20 dates X \$824.00 = \$16480.00 is recommended.

7-31-02 8-27-02	97799CP	\$1170.00	\$552.00 /day	F	DOP	Section 413.011(b) Medicine GR (II)(G)	Redacted EOBs support requestor's position that amount billed complied with statute. Documentation supports billed service, additional reimbursement of 2 dates X \$618.00 = \$1236.00 is recommended.
8-2-02 8-23-02	97799CP	\$1365.00	\$644.00 /day	F	DOP	Section 413.011(b) Medicine GR (II)(G)	Redacted EOBs support requestor's position that amount billed complied with statute. Documentation supports billed service, additional reimbursement of 2 dates X \$721.00 = \$1442.00 is recommended.
8-9-02 9-17-02	97799CP	\$975.00	\$460.00 /day	F	DOP	Section 413.011(b) Medicine GR (II)(G)	Redacted EOBs support requestor's position that amount billed complied with statute. Documentation supports billed service, additional reimbursement of 2 dates X \$515.00 = \$1030.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$20188.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99779CP in the amount of **\$ 20188.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$20188.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 2nd day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division